

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

7/411075

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2	1						51	1					
3							52	1					
4	1						53						
5							54						
6							55						
7							56						
8	1						57						
9	1						58						
10							59						
11							60						
12							61						
13	1						62						
14							63						
15	1						64						
16							65						
17							66						
18							67						
19							68						
20							69						
21	1						70						
22	1						71						
23	1						72						
24	1						73						
25							74						
26							75						
27							76						
28	1						77						
29							78						
30							79						
31							80						
32	1						81						
33							82						
34	1						83						
35							84						
36							85						
37							86						
38	1						87						
39							88						
40	1						89						
41							90						
42	1						91						
43							92						
44	1						93						
45							94						
46							95						
47							96						
48							97						
49							98						
50	1						99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.	32					
TOTAL CLAIMS							TOTAL DEP.	46					
							TOTAL CLAIMS	68					